

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of
Invention

THERAPEUTIC USES OF CHEMOKINE VARIANTS

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. PCT/EP2004/052572, filed on October 18, 2004
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought.

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above.

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: AMANDA PROUDFOOT

Signature: [Signature] Citizen of: SWITZERLAND

Inventor two: JEFFREY SHAW

Signature: [Signature] Citizen of: ITALY

Inventor three: ZOE JOHNSON

Signature: [Signature] Citizen of: UNITED KINGDOM

Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/573,625
Filing Date	March 28, 2006
First Named Inventor	Amanda Proudfoot
Title	Therapeutic Uses of Chemokine...
Art Unit	
Examiner Name	
Attorney Docket Number	ARS-124

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23557

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Amanda Proudfoot</i>	Date	2/28/06
Name	AMANDA PROUDFOOT	Telephone	703.266.912
Title and Company	Senior Scientist/Honorary Professor - Immunotherapeutic Research, Prostate		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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PTO/SB/61 (04-06)
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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Jeffrey Shavin</i>	Date	<i>April 10, 2006</i>
Name	JEFFREY SHAVIN	Telephone	<i>612-200-9804</i>
Title and Company	<i>Computer Scientist, Dryden - down the mountain from last time</i>		

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Zoe Johnson</i>	Date	20/04/06
Name	ZOE JOHNSON	Telephone	744 7905 448744
Title and Company			

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